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## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

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1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typinger the lines.	ng, type	12FE4M5		<u> </u>
,E	van Bayh Committee							
			<u></u>				1 1 1 1 1	
L				1   1	1 1 1 1			
ADI	ORESS (number and street)	850 Fort Wayne Ave	<u> </u>					
r	Check if different		1111		1111	1 1 1 1	1 1 1 1 1	
L	than previously reported. (ACC)	Indianapolis	1 1 1			LIN L	46204	
2.	FEC IDENTIFICATION NU	JMBER ▼	CITY A			STATE A	ZIP CODE	<b>.</b>
	C C00306860	3.	IS THIS REPORT	× NEV	v OR	AMEND (A)		▼ DISTRICT
_	TVDE OF BEDORT (8)	<u> </u>						
4.	TYPE OF REPORT (Cho	oose One) (b)	12-Day PRE	-Election Rep	ort for the:			
	(a) Quarterly Reports:			Primary (12F	p) .	General (1	2G) Pi	inoff (12R)
	April 15 Quarterly R	eport (Q1)	Lond		2"	sang.	S-VERSION N	11011 (1211)
	July 15 Quarterly R	eport (Q2)		Convention (	(12C) [	Special (1:	2S)	
	October 15 Quarter	y Report (Q3)	Election on	MM	/ D D /	Y Y Y Y Y Y Y	in the State of	
	January 31 Year-End	d Report (YE) (c)	30-Day POS	T-Election Re	nort for the			
	Nutritional			General (300	· [**	Runoff (30	ıR) 🔲 Sp	ecial·(30S)
	Termination Report	TER)	Election on	M M /	, o o ,	*****	in the State of	
5.	Covering Period 07	/ D*D / Y*	Y Y Y Y Y 2011	through	M M M 09	/ D D /	2011	
	rtify that I have examined this	s Report and to the b	est of my kn	owledge and	belief it is tr	ue, correct and	complete.	
Туре	or Print Name of Treasurer	Dennis Charles						
Sign	ature of Treasurer Denn	s Charles				Date 10	/ D D / Y	2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
	Office							
l	Use Only						FEC FORM	